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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Humane Services
CONISIDA	Nicaraguan Aids Commission
CPC	Combination Prevention and Care
CQI	Continuous Quality Improvement
CSW	Commercial Sexual Worker
DDHH	Human Rights
EMMP	Environmental Mitigation and Monitoring Plan
GBV	Gender Based Violence
FY	Fiscal Year
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
GF	Global Fund
HTC	HIV Testing and Counseling
ICT	Information and communications technology
IDU	Injecting Drug User
LGBT	Lesbian, Gay, Bisexual, Transgender
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
PASMO	Pan American Social Marketing Organization
PLHIV	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PwP	Prevention with PLHIV
QI	Quality Improvement
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
S&D	Stigma and Discrimination
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRAINET	Training for Information and Results reporting system
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID ASSIST	Applying Science to Strengthen and Improve Systems
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

I. Executive summary

This quarterly report corresponds to the second quarter of the sixth year of the project, which is planned to conclude in September 2016.

This period was characterized by grantee NGOs selection incorporating 3 NGOs. Two of them working with people with HIV and one with key populations in Managua. There are 11 NGOs with a budget of \$210,206.73.

Grants

Grants are implemented in 9 departments and 15 municipalities selected for being HIV incidence hot spots. Based on national counterpart agreements, 25% of estimated key population (19,020/75,696) and 30% (2,922/9,720) of PLHIV are covered by combination prevention and care services.

Training

Completed workshops for 6 topics: environmental mitigation, HIV rapid testing, stigma and discrimination, gender, self-care for PLHIV, and unique record.

Made progress on the gender topic (training indicator), reaching 78.6% (275/350). Workshops are planned for the third quarter. Conducted course on stigma and discrimination (30 participants) in Boaco, because it had not been completed in previous grants, as well as the one on the gender topic. Other courses such as rapid testing enabled updating knowledge among delegates from 8 NGOs.

Regarding Combination Prevention and Care services, there was an important drive in reaching goals, unlike the previous quarter, which corresponded to the start of the grant.

Indicators of prevention and care

- In HIV rapid testing, 46.8% of the annual goal was reached with 18 reactive in Q2 for 0.61% positive reactors (18/2,909).
- 72,4% of the goal of key population (KP) reached with individual and/or small group level with 1.3 contacts (20,567/15,412) per individual, which is expected.
- People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP): 47% (770/1,638). Good progress in spite of 2 PLHIV NGOs starting activities in March 2016.
- HIV positive adults who received clinical assessment (WHO staging): 40.7% (742/1,820). Important indicator progress considering that 2 PLHIV NGOs started grant implementation in March 2016.
- HIV-positive adults newly enrolled in clinical care during the reporting period: 35 people entered into ART: 18 by rapid testing and 17 because they had CD4 results under 500 and were not on ART.

Information and Communication Technology

Made progress on the android application to record community clinical assessment for people with HIV to be used as a communication tool to facilitate real time digital information recording and sharing. This technological tool will serve as a visual aid to complete the clinical stage assessment process for PLHIV, and to follow the steps of the continuum of care flowchart. Another important element in Information and Communication Technology (ICT) is its use as visual aid by promoters to transmit messages related to self/care for people with HIV.

Quality Management Programs

Continued technical support started in FY15 for Quality Management Programs (QMP) designs and started QMP implementation, which were designed using criteria established in the Site Improvement through Monitoring System (SIMS) as a reference.

Preventive services quality improvement collaborative

37 delegates from 11 NGOs working on HIV combination prevention and care, exchanged experiences and good practices to improve access to quality prevention services and care for people with HIV. The improvement methodology NGOs have successfully applied is the continuous quality improvement rapid cycle, which provides good results in short periods of time.

Best practices shared were focused on: increasing the number of people with combination prevention services, CD4 testing, HIV rapid testing and external users' satisfaction.

Work Plan

The activities plan was complied with by 100%.

Main actions for the third quarter are:

- Training on Gender Norm
- Continuum of Care training
- Trainet reporting
- Coaching: systematic evaluation of the fulfillment of NGOs knowledge
- CoC model research
- Community survey research
- Continue supporting and gathering all cost share reports and documentation.

II. Demographic and HIV statistics.

Since the first case was reported in Nicaragua in 1987 up to December 2015, there have been a total of 10,990 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)¹. 1,187 of these were captured in HIV status, and 1,270 have died. Prevalence rate is 23 per 100,000 people.

HIV statistics generated by PrevenSida

Rapid testing by PrevenSida during October 2011 to March 2016 recorded 19,290 gay and bisexual men tested and obtained 71 positive results for a percentage of 0.37%. Among Trans population, 2,584 people were tested with a result of 33 positive cases for a percentage of 1.28%.²

The USAID/PrevenSida report, between October 2011 and December 2015 includes 55,372 HIV tests: 181 with reactive results for a point prevalence rate of 0.33%.

In the 06 months of FY16 there were 21 reactive cases (0.57%- 21/3,681).

III.HIV implementing mechanism in the country

University Research Co., LLC (URC) implements the PrevenSida project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high-risk population. It is a six-year project (September 20th 2010 to September 20th 2016) with a \$7 million investment. Implemented at nationwide.

Project coverage.

The 11 NGOs selected have presence in 09 departments of the country and 15 prioritized municipalities based on HIV cases incidence.

IV. Program goals and strategic components within the PERFAR framework

The program goal is to increase healthy behavior in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors will be measured by the following indicators: 50% increase from baseline in consistent use of condoms, 30% decrease from baseline in the number of sexual partners and 60% increase from baseline in the use of HIV counseling and testing.

PrevenSida provides input to three strategic PEPFAR components, such as: institutional strengthening, prevention and use of strategic information. As part of the regional HIV program it provides follow up to PEPFAR indicators.

¹ MINSA. HIV and Aids Component. 2015 database.

² PrevenSida, data base

Strategic approach.

Institutional strengthening. The project provided support to NGOs to improve their administrative and financial processes, develop monitoring and evaluation plans, and monitor quality standards.

HIV Combination prevention. In order to more effectively program HIV prevention, care and treatment interventions, PrevenSida and its partners developed and implemented a minimum package approach, a set of evidence-based interventions.

Combination Prevention and Care. PEPFAR has established developing actions that ensure the continuum of care for people with HIV as a priority. Therefore, PrevenSida has established the package of services that comprise those included in HIV Combination Prevention and included community based clinical assessment and recording, as well as CD4 testing through a mobile unit.

Among community based clinical care we will strengthen aspects related to antiretroviral therapy adherence, either in self-help groups or home visits by NGOs with the profile of HIV care, clinical assessment (WHO staging) and CD4 test. We will also assess the need and referral for contraception of people reached, evaluation of sexually transmitted infections (STIs), HIV testing and counseling. The NGO will document quality improvement (QI) activities addressing HIV prevention interventions in the last 6 months. This action corresponds to the DSD indicator of Quality Improvement (QI) interventions.

Knowledge Management. Together with USAID|PASCA, USAID|ASSIST and USAID|Combination Prevention, we promoted knowledge flowing from one organization to another, to prevention services recipients, and to the community. Another form of knowledge management is the release of electronic newsletters on a monthly basis targeting over 350 contacts in public, private, academia institutions and civil society.

Strategic components impacted

1. **Prevention.** The goal is increasing healthy behavior among high-risk population by using high impact prevention methodologies in order to reduce HIV transmission.
2. **Health systems' strengthening.** The goal is to develop strengthened health systems to more effectively reach high-risk populations.
3. **Strategic information.** To develop capacity of NGOs to use the information in order to make evidence – based decisions around the HIV epidemic.
4. **Policies.** To develop NGOs' capabilities to decrease structural barriers on stigma and discrimination and gender based violence toward people living with HIV and the LGBT community.

For impact indicators see table 2.

Main progress and achievements for each project result are described below.

V. Technical Report

Country Operational Plan 2016 (COP) and PEPFAR Oversight and Accountability Review Team (POART) reviews have highlighted the need for

- Data quality improvement
- More refined target-setting approaches
- Specific plans to address testing algorithms, testing quality, and retesting policies
- Service delivery models that optimize and document linkage to ART initiation

PrevenSida has been working on the 90-90-90 strategy according to COP 2016-PEPFAR. The first 90 of 90-90-90 requires increasing the number of HIV-infected persons who know their status and access treatment through an effective mix of HIV testing services (HTS) approaches that are based on local epidemics, target populations, and testing yield rather than number of tests. Improving testing yield is a key priority for PEPFAR programs.³

Reaching the Second “90”: Implementing High-Quality, High-Efficiency Test and START and reaching the Third “90”: Ensuring Sustained Viral Load Testing and Suppression.

NGOs made significant progress in reaching Combination Prevention and Care indicators. This is due to improvement in planning field activities, geo-tagging sites, and compliance with documentation for disbursements in the established timeframe.

V.1 Result 1. Strengthened Institutions.

People trained

This quarter there were 15 training events targeting 6 priority topics. The greatest number of participants (67%) corresponds to the gender workshop, followed by stigma and discrimination, HIV rapid testing and in lower proportion: mitigation, unique record, and self-care for people with HIV.

Topic	Men	Women	Total	%
Gender	138	58	196	67.8
Stigma and Discrimination	27	3	30	10.3
Rapid HIV test	19	6	25	8.6
Environmental impact mitigation plan	8	8	16	5.5
Unique Register	11	1	12	4.5
Self-care of people with HIV	7	3	10	3.3
Total	210	79	289	100

³ PEPFAR Technical Considerations for COP/ROP 2016

Out of the 350 people goal to train in Gender, 78.6% (275/350) people passed. 196 people were trained in Q2: 29.6% (58/196) are female and 70.4% (138/196) are male, mainly from sexual diversity groups. These workshops had representativeness of the 20 NGOs, among them are: CODISEX, ODETRANS, GAO, Colectivo 8 de marzo, ASONVIHSIDA; ANICP+VIDA, IXCHEN, Hijas de la Luna, CEGODEM, Agente de Cambio, ADISNIC Matagalpa, DEIGEORSEX, ADESENI, ANIT, AJODIC, MOVFEM, INDSVIH+, RDS, ANH and CEPS.

Stigma and discrimination. This topic was delivered per special request by PrevenSida grantee NGO CEPS in Juigalpa and Boaco. 30 people (27 men and 3 women) participated in this activity. It is important to mention that according to participants' gender identity, 13 were Trans, 9 Gay, 3 Bisexual, and 5 belong to other populations.

HIV rapid testing. In this quarter, we coordinated actions with the MOH National Diagnosis and Referral Center (CNDR) and completed 3 workshops on quality control and update in HIV rapid testing with 25 participants (19 men and 6 women) delegates from 9 NGOs: CEPRESI, ADESENI, ODETRANS, FSL, CEPS, CEGODEM, ASONVIHSIDA, IXCHEN and MDS RACCS.

Environmental impact mitigation. This topic was delivered to 16 people (8 men and 8 women) promoters at ASONVIHSIDA, an NGO receiving USAID funds. The objective was to know national and USAID regulations to mitigate environmental damage through project activities.

Unique record. This topic was developed with 12 participants (11 men and 1 woman) from NGOs CEPRESI and ANICP+VIDA. This was a priority activity for NGO delegates to know the updates to the Unique Record established by USAID|PrevenSida to report productivity indicators generated by grant activities.

Self-care for people with HIV. This workshop targeted 10 people (7 men and 3 women) from NGO ANICP+VIDA, which works with people with HIV. The objective of this session was to develop skills in the use of the manual on self-care for people with HIV, thus enabling promoters to provide clear and concise evidence-based information on topics such as: personal and home care, healthy and balanced nourishment, adherence, mutual help groups, GBV, lab tests such as CD4 and viral load, drug use, and use of other substances.

Environmental impact mitigation in the use of rapid tests and CD4

During field visits we followed up with compliance to the environmental impact mitigation plan and verified the report on coordination with MOH for incineration of medical waste. We also updated staff's knowledge on rapid testing and bio-safety. Promoters use containers to eliminate waste and each promoter knows the norms on regulation 216 and USAID regulations. The team reports progress on plan compliance on a monthly basis.

NGO Quality Assurance Mentoring

This quarter we completed the Quality Management Plan (QMP) documents of NGOs: FSL, MDS RACCS and CEPS. This document was delivered to each promoter to implement quality improvement at NGOs. During FY16, USAID|PrevenSida granted 11 NGOs funds to develop activities focused on reducing HIV transmission, 10 of these NGOs: CEPRESI, ODETRANS, ADESENI, ANICP+VIDA, GAO, FSL, MDS RACCS, CEGODEM, IXCHEN and CEPS are conducting activities for quality improvement, such as:

- Measuring external users' satisfaction

- Implementing suggestions and complaints box strategies
- Measuring organizational climate
- Evaluating performance of NGO promoters and technical team
- Measuring productivity and quality indicators
- Conducting improvement rapid cycles

Coaching

Organizational development

14 technical sessions were completed with the quality team at NGOs: IXCHEN, CEGODEM, ASONVIHSIDA, ANICP+VIDA, GAO CEPS and FSL, MDS RACCS in order to:

- Analyze progress in implementation of the Quality Management Program strategies
- Analyzing productivity indicator results corresponding to prevention and care activities targeting key population and people with HIV
- Supporting organization and documentation of evidence related to Combination Prevention and Care services indicators targeting key population, people with HIV, quality indicators, supply logistics and management, and others related to the PEPFAR quality monitoring system (SIMS).
- Updating productivity and quality indicators databases.
- Supporting the team on educational materials and supplies' organization (condoms and lubricants).
- Identify quality gaps and improvement rapid cycles' design, along with the team.
- Supporting processing and analysis of user satisfaction survey results, complaints and suggestions box, among others.
- Supporting NGOs to show best practices developed internally on the processes to offer services to key population and people with HIV, and share them with the rest of NGOs
- Coaching NGOs to implement the training plan targeting promoters and to include them per established criteria in the Unique Record set up by USAID|PrevenSida.

Monitoring and evaluation

There were 16 field visits to NGOs ADESENI, ODETRANS, GAO, CEPS, CEGODEM, MDS RACCS, IXCHEN, ASONVIHSIDA, ANICP+VIDA and CEPRESI. Field visits' objectives were centered around improving data quality control processes, target reach charting, primary information control, and maintenance to the unique record automated system through debugging poorly inputted records. Another process completed during field visit is on-site training to human resources in charge of monitoring and evaluation, which are using the unique record system for the first time.

Another activity developed is verification of approach sites, through which we checked population type data, quantities, key informants' names, addresses and sites geo-tagging

Finances

There were 6 field visits for financial review and coaching to grantee NGOs (ODETRANS, FSL, CEPS, GAO, IXCHEN and CEGODEM). Field visits include review of financial report and cost-share supporting documents, inspection of standards compliance on storage room's use, training in the use of and payments through 2mobile, monitoring financial implementation and general grant management.

Software application on HIV combination prevention and care

We have designed the structure containing a software application with topics related to HIV prevention and care, self and home care, adherence, lab tests, nourishment, and mutual help groups in order to include these apps in the Tabled to be used during home visits, clinical surveys, and coaching. NGO promoters working with people with HIV will use these tablets during counseling.

Indicators accumulated for the first semester:

- CE. 577. Number of health care workers who successfully completed an in-service training program within the reporting period: 455 (130%; 450/350)
- Gend Norm: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria: 275 (78.6%; 275/350)

V.2 Result 2. Prevention services.

The technical approach implemented for HIV prevention among MARPS is combination prevention, consisting of a set of behavioral, biomedical and structural actions and tactics depending on the nature of the epidemic and the needs of the people most at risk of infection. These prevention interventions are linked directly to the national response, with comprehensive approaches to HIV prevention from combined strategies.

The main activities of each intervention are listed below:

Table 1. Types of HIV interventions

Structural	Biomedical	Behavioral
<ul style="list-style-type: none">• Workplace policies• Reduce access barriers to services• Reduction of stigma and discrimination• Addressing gender violence• Promotion of human rights	<ul style="list-style-type: none">• HIV testing and counseling• Diagnosis and treatment of STIs• Antiretroviral therapy• Availability of condoms• Prevention of unwanted pregnancies	<ul style="list-style-type: none">• Behavior Change• Peer Education• Reduce number of partners• Using condoms and lubricant• Preventing alcohol and drug use

People and contacts reached.

Within the continuum of care, once the person is reached with prevention services and they conduct rapid testing with counseling, if their results are reactive, they are referred to the Ministry of Health to insert them into health care services. They are also referred to other services such as: STIs management, TB, family planning, nutrition, psychology, chronic disease programs, substance abuse, etc. In addition, they participate in prevention activities for stigma and discrimination and gender-based violence.

In year six the goal of people and contacts reached with a minimum package of prevention is 21,281 MARP individuals and 42,562 contacts.

8 NGOs worked in 15 departments at 18 municipalities. The annual target of KP with prevention services was reached at 72.7% (15,412/22,281). Out of these 15.5% (2,332) are sexual workers reached in departments out of Managua using FY14 funds; 72.8% (11,214) are MSM and 12.1% (1,866) are transgender.

Coverage in the catchment area: In relation to total estimated MSM for the Managua department, the project reached 25% (4,082/16,482) and 80% (924/1,161) for TG. In addition, and using FY14 funds, considering the transition plan to phase out from other 8 departments not prioritized for ROP 15 and according to coverage denominators (estimated size of population) agreements with national counterparts for this year we reached: Boaco with 89% of MSM, 51% of TG and 37% of FSW; Chinandega 7% of MSM, 52% of TG and 14% of FSW; Chontales 35% MSM, 41% TG and 58% FSW; Leon 26% of MSM, 51% of TG and 11% of FSW; Masaya 29% of MSM, 44% of TG and 69% of FSW; Rivas 42% of MSM, 29% of TG and 19% of FSW; Rio San Juan 118% of MSM, 107% of TG and 11% of FSW and Bluefields with 23% of MSM, 10% of TG and 22% of FSW.

Global coverage of 9 departments according to estimated size of population: 28% (11,214/40,408) of MSM, 57% (1,866/3,270) of TG and 37% (2,332/6,379).

Prevention with positives

In year six the goal of HIV positive people and their contacts reached with a minimum package of prevention is 1,638 positive and 3,276 contacts, 500 CD4 tests and 1,638 clinical assessment surveys.

Care and Support to people with HIV is provided through 3 NGOs.

CD4 testing through NGOs

The purpose of this intervention is to increase community based access to CD4 testing (Cluster Designation 4) for people with HIV who are criteria compliant.

At the end of the first semester 128 CD4 tests were completed, 85 (66%) of them have results under 500 cell/UL, which were referred and accompanied by promoters to MINSA health units for medical care.

Out of the 85 cases referred to MINSA, 21 had abandoned ART; the remaining 64 PLHIV had CD4 results under 500 cell/UL even though they were on ART at the time of CD4 testing.

62% (87/128) of the 128 PLHIV with CD4 tests correspond to the male sex and 83% (106/128) correspond to Managua, 12% (16/128) to Leon and 30% (6/128) to the Chinandega department.

People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP)

3 PLHIV NGOs are currently implementing grants, 2 of them started implementation in march 2016, and therefore the goal percentage is lower than 50%, which is expected for this period. 47%(770/1,638) of the annual goal was reached. Most of the people reached were male 64.7% (498/770). 2 contacts per individual were reached.

Community based clinical assessment survey

Project implementation began with the community based clinical assessment to PLHIV in FY16 with participation of the NGOs GAO, ASONVIHSDA and ANICP+VIDA , which completed 742 community based clinical assessments in the first semester and was conducted to 473 (63.7%) males and 269 (36.3%) females. 33.5% (249/742) in the department of Chinandega, 32.3% (239/742) in the department of Leon and 34.2%(254/742) in the department of Managua.

HIV positive adults newly enrolled in clinical care

The annual target was reached at 42 (14%-42/300) people with HIV that were newly enrolled in HIV clinical care programs. By sex are: 78.6% (33/42) male and 21.4% (9/42) female.

21 were newly enrolled by CD4 count less than 500 and without treatment and 21 by HIV rapid test and referred to MINSA. 19% (4) with CD4 count between 0 and 50, 14.5% (3) with CD4 between 51 and 100, 14.5% (3) between 101 and 200, 19% (4) between 201 and 350 and 33% (7) with CD4 count between 351 and 500. There were no stock-outs of CD4 test kits or HIV rapid test during this reporting period.

Indicators accumulated for the first semester:

1. Number of individuals who received the minimum package: 15,412 (72.4%; 15,412/21,281).
2. Number of contacts that received the minimum package: 20,567 (48.3%; 20,567/42,562).
3. Number of PLHIV reached with a minimum package of prevention with PLVIH: 770 (47%, 770/1,638)
3. Care curr_DSD. Number of HIV positive adults who received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count: 742 (40.8%, 742/1,820)
4. Care_NEW: DSD Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load: 42 (14%, 42/300)

Rapid testing

This year, the goal for testing with counseling and results delivery is 7,868.

In this period 08 NGOs conducted HIV rapid testing. 46.8% of the annual goal was reached.

8 NGOs worked in 9 departments at 21 municipalities that were prioritized by high HIV incidence rates. The annual target was reached at 46.8% (3,681/7,868). In Q2, 2,909 HTC services were provided, 34.4% in the departments of Managua, 13.3% in Leon, 10% in Rio San Juan, 9.7% in Masaya, 9.3% in Chinandega, 6.1% in Rivas, 5.9% in Bluefields, 5.7% in Boaco and 5.6% in Chontales. 0.61% were positive reactors (18/2,909); by type of key population the rate was: gay 0.62% (12/1,916), Trans 0.95% (5/523) and female sexual workers 0.25% (1/740). By department: Chontales 1.23% (2/262), Managua 1% (10/1002), Rio San Juan 1.04% (3/289), Chinandega 0.74% (2/272) and Leon 0.26% (1/386).

The indicator for first semester is:

- I. Number of individuals who were tested and received their results: 3,681 (46.8%; 3,681/7,868).

V.3 Result 3. Reduction of stigma and discrimination

NGOs started their stigma and discrimination reduction activities with a video forum analyzing the gender and gender based violence course topic. 148 promoters have been trained on S&D.

Indicators

- I. 11 NGOs with annual plans to reduce S&D towards MARPS, and are implementing them: 11

V.4 Result 4. Improved participation of NGOs

Three research protocols were prepared related to expected results of the PrevenSida contract. These evaluations will be implemented along with beneficiaries in order to develop training capabilities at NGOs.

Protocols submitted for review by the CIES ethics Committee are:

- Community based clinical stages assessment for people with HIV: improves the link to care and treatment services.
- CD4 test with mobile equipment in Nicaragua: breaching gaps in access to treatment.
- Key populations unique record improves project coverage analysis for key population in Nicaragua. 2012 to 2015.

NGOs participating in local and national coordination mechanisms of the national response are: CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHE, ODETRNAS, CEPRESI, GAO, ASONVIHSIDA, ANICP VIDA.

Website

The project website has accumulated 50,567 visits, of which 117 were recorded in the second quarter of FY16. 84.5% are users of Nicaraguan origin, 10% in the US, and 5.5% other countries.

Between January - March 2016, 117 users visited 129 pags. 89.92% of them are new visitors. 54.% of users were male and 61% are between 18-34 years old.

Indicators

- 11 NGOs have received technical assistance for HIV related policies development: 11 (100%).
- 11 NGOs participating in local and national coordination mechanisms of the national response: 11 (100%).

VI. Sub grant

This period was characterized by grantee NGOs selection incorporating 3 NGOs. Two of them working with people with HIV and one with key populations in Managua.

Grants are implemented in 9 departments and 15 municipalities selected for being HIV incidence hot spots. Based on national counterpart agreements, 25% of estimated key population (19,020/75,696) and 30% (2,922/9,720) of PLHIV are covered by combination prevention and care services.

Goals of 11 NGOs- Grants FY16

Municipio	NGO	MSM	Trans	FSW	PLWH	HIV test
Managua	Cepresi, ASONVIHSIDA, ANICPVIDA, ODETRANS	6,900	630		1,296	3,100
Ciudad Sandino	ASONVIHSIDA, ADESENI	300	30		120	500
Tipitapa	ASONVIHSIDA, CEGODEM	417	31		198	300
Mateare	ANICPVIDA, ADESENI	150	50		60	200
Ticuanatepe	ANICPVIDA, ODETRANS	111	8		45	50
SRS	ANICPVIDA, ODETRANS	150	20		60	100
VCA	ANICPVIDA, ODETRANS	105	8		43	50
León	GAO, ADESENI	590	60	230	300	500
Chinandega	GAO, ODETRANS	1,100	130	240	400	500
Masaya	CEGODEM, IXCHEN	450	140		400	500
Rivas	CEGODEM	2,100	200	460		200
Juigalpa	CEPS	500	40	120		300
Boaco	CEPS	1,260	70	220		300
San Carlos	FSL	710	50	290		300
Bluefields	MDS RAAS	850	10	290		300
Total		15,693	1,477	1,850	2,922	7,200
		21,942				

Gender. The gender approach in HIV prevention should include actions not only for men and women, but also for sexual diversity, such as: transgender, MSM and gay, as well as other highly exposed populations, such as: sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities.

The project has provided equitable opportunities to men, women and people of different sexual orientations to develop competencies and skills for their work and to have a healthy life. In terms of accessibility to prevention services, the Project has organized strategies to assure the continuum of care for people of sexual diversity through combination prevention implementation.

Training is for 10 hours in compliance with the PEPFAR indicator.

Gender indicator

GEND_NORM: Number of people completing an intervention pertaining to gender norms that meets minimum criteria: 275 (78.6%; 275/350)

VII. Coordination with other USAID programs and donors

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, the Center for Disease Control and the Global Fund HIV/AIDS program.

PASCA is the USAID program to strengthen the Central American HIV response. It is a five-year program that started on October 1st 2008 and will end on March 31st, 2014. Coordination is based on strategic alliances action; advocacy and national strategic plan monitoring.

Center for Disease Control. Coordination to promote project grantee NGOs' result sharing as part of Knowledge management.

USAID|ASSIST, the project coordinated to transfer the new knowledge to universities. Together they have contributed to strengthening Trans NGOs and foreseen to develop the comprehensive care plan for Trans population in conjunction.

USAID|DELIVER as partner in Reproductive Health Commodity Security (RHCS). Coordination to provide support to NGOs in organizing supplies storage inventory.

CONSIDA, member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

Global Fund HIV/AIDS program. The Project provided support to the Global Fund and sub-grantees with training to use the unique record of people reached with combination prevention activities.

Country Coordinating Mechanism: PrevenSida is a member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant and as observer of the selection of possible sub recipients for the next phase.

VIII. Monitoring and evaluation plan

PrevenSida, as part of the USAID HIV regional program, starting on October first 2012, and as bilateral since FY11 to FY13, has been monitoring PEPFAR indicators defined for Central America and these indicators have been implemented by grantee NGOs.

Program monitoring at PrevenSida there is a database consolidating gathered, entered and analyzed information in NGOs. The monitored indicators are those established in the URC-USAID contract and those related to Regional PEPFAR.

The evidence supporting the reports is filled electronically and physically in keeping with the systematic process followed by the USAID Mission in Nicaragua for data quality assessment.

Unique Record Update

In FY16 the monitoring and evaluation area of the USAID|PrevenSida project started to use an improved version of the unique recording automated system. The improvement consists on availability of consolidated databases for prevention and care activities with PLHIV such as: activities to deliver a set of preventive services and CD4 testing and community based clinical assessments. These databases include their respective reports. The unique recording automated system was installed at the 11 NGOs, which executed activities funded by the project through grants during the first quarter of FY16.

Data quality, processing and collection

Community promoters collect data supporting the project's goal progress report, which take the information on prevention and care approaches on key population and PLHIV. In this process, people responsible for monitoring and evaluation at NGOs conduct coaching visits ensuring quality of collected data.

After primary data collection, information is entered in the unique record automated system and a second control is conducted for data quality. It consists of filters avoiding incoherent data recording such as sex and type of population, date of birth, and automated age calculation. There is a unique code construction from user information that does not change over time, for example, place of birth, date of birth, and the first letters of the first name and last name. The third process for data quality control is application of the data quality control guide enabling comparison of primary data with data entered in the system, thus reducing the margin of error of under recording information and/or possible errors of primary data not inputted.

Data monitoring and supervision from its information source and knowledge standardization on data collection continued during the reporting period, which enabled to find and correct concepts promoters have on variables subject to information recording.

An important element on information inputting was entering data coming from the mobile CD4 unit into the UR system, facilitating information integration and unification of a unique information recording system.

NGO officials in charge of Monitoring and Evaluation have conducted field visits to promoters during their field activities. This process has directly impacted early detection of potential errors on information collection, assessing approach methodologies and increasing awareness

on the importance of availability of quality information.

Continued implementation of the quality control guide, documents' organization, and permanent verification of proper operation of the information system. Use of the TeamViewer system is important for on-line communication, especially for ownership of NGO officials in charge of monitoring.

IX. Annual plan compliance

All activities in the work plan corresponding to the first semester of the year have been complied with.

X. Branding and Marking

Every induction workshop and informative workshop for grantee NGOs included institutional strengthening and information on Branding and Marking compliance. They are also given a hard copy of the information on this requirement in Spanish.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidance, updated in 2012 was received in August 2012, requiring use of the Regional PEPFAR logo, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo has been incorporated in all material developed with PEPFAR funds as well as in training sessions where power point presentations are used.

NGOs that have developed communication materials have submitted them to USAID/PrevenSida for processing, which have been completed with USAID approval.

On March 11, USAID officially launched the **updated USAID Graphic Standards Manual and Partner Co-Branding Guide**. This update includes streamlined guidance and new options for logo use, additional color choices and fonts, and instructions for engaging on social media.

According with the instruction of USAID Nicaragua we use the new color in our logo.

XI. Management and staffing

There was no change in staff recruitment. Staff has updated their documentation required by URC administrative regulations.

XII. Annexes

Table 2. PrevenSida impact indicators.

Country:		Nicaragua								
Project		USAID-PrevenSida								
Agreement:		AID-524-A-10-00003								
Start date:		September 20 th 2012								
End date:		September 19 th 2016								
Indicator		Baseline	Year	Data source	Benchmark	Target				
						Year 2	Year 3	Year 4	Year 5	Year 6
50% increase from BL in correct and consistent condom use in all sexual contacts including stable partners	% of MSM who use condoms consistently and correctly with occasional partner in the last 30 days	38.10%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	57.00%	45.00%	N/A	N/A	57.00%	57.00%
	% of MSM who use condoms consistently and correctly with stable male partner in the last 30 days	30.90%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	46.50%	37.00%	N/A	N/A	46.00%	46.00%
	% of SW who use condoms consistently and correctly with stable partner in the last 30 days	10.70%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	16.00%	13.00%	N/A	N/A	16.00%	40.00%
	% of SW who use condoms consistently and correctly with occasional partner in the last 30 days	62.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	93.00%	74.00%	N/A	N/A	93.00%	95.00%
30% decrease from baseline in the number of	% of MSM which have had penetrative sexual intercourse with two or more occasional partners in the last 12 months	65.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	45.00%	58.50%	N/A	N/A	45.00%	38.00%

Country:		Nicaragua								
Project		USAID-PrevenSida								
Agreement:		AID-524-A-10-00003								
Start date:		September 20 th 2012								
End date:		September 19 th 2016								
Indicator		Baseline	Year	Data source	Benchmark	Target				
						Year 2	Year 3	Year 4	Year 5	Year 6
multiple partners among high risk population	% of MSM which have had penetrative sexual intercourse with concurrent partner in the last 12 months	25.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	17.50%	22.50%	N/A	N/A	17.50%	17.50%
60% increase from baseline in the use of counseling and testing promotion among MARPs	% of MSM which received counseling and got tested for HIV in the last 12 months	38.00%	2010	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	60.80%	47.50%	N/A	N/A	60.80%	65.00%
	% of SW which received counseling and got tested for HIV in the last 12 months	37.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	59.20%	46.30%	N/A	N/A	59.20%	80.00%

Table 3. PEPFAR indicators. FY 2016.

Indicator PEPFAR	FY16							
	Target	Q1 Alcanzado	Q2 Alcanzado	Q3 Alcanzado	Q4 Alcanzado	Total alcanzado	Percent Complete	Explanation for +10% or -10%
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	7,868	772	2,909	0	0	3,681	46.8%	
HTC_TST_DSD-a Number of men	7,395	570	2,440			3,010	40.7%	
HTC_TST_DSD-b Number of women	473	202	469			671	141.9%	
HTC_TST_DSD-c age (< 15 years old)	0	0				0	0.0%	
HTC_TST_DSD-d age (15+ years old)	7,868	772	2,909			3,681	46.8%	
HTC_TST_DSD-e Positive	237	3	18			21	8.9%	
HTC_TST_DSD-f Negative	7,631	769	2,891			3,660	48.0%	
HTC_TST_DSD-g Individual	7,868	772	2,909			3,681	46.8%	
HTC_TST_DSD-h Couples	0	0				0	0.0%	
HTC_TST_DSD-i By MARP type: CSW	550	201	470			671	122.0%	
HTC_TST_DSD-j By MARP type: IDU	0	0	0			0	0.0%	
HTC_TST_DSD-k By MARP type: MSM	7,318	571	2,439	0	0	3,010	41.1%	
HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	2,600	215	785			1,000	38.5%	
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	1,100	96	523			619	56.3%	

HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	3,618	260	1,131			1,391	38.4%	
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (individual)	21,281	3,479	11,933	0	0	15,412	72.4%	
P8.3.D-a By MARP type: CSW	1,916	774	1,558			2,332	121.7%	
P8.3.D-b By MARP type: IDU	0	0	0			0	0.0%	
P8.3.D. c By MARP type: MSM	19,365	2,705	10,375	0	0	13,080	67.5%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,285	1,143	3,442			4,585	62.9%	
P8.3.D-c Custom By MARP type: MSM (transgender)	1,180	361	1,505			1,866	158.1%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,900	1,201	5,428			6,629	60.8%	
P8.3.D-o Number of Men	19,365	2,705	10,376			13,081	67.5%	
P8.3.D-p Number of Women	1,916	774	1,557			2,331	121.7%	
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (contact)	42,562	4,407	16,160	0	0	20,567	48.3%	
P8.3.D-a By MARP type: CSW	3,832	977	2,409			3,386	88.4%	
P8.3.D-b By MARP type: IDU	0	0	0			0	0.0%	
P8.3.D. c By MARP type: MSM	38,730	3,430	13,751	0	0	17,181	44.4%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	14,570	1,392	4,564			5,956	40.9%	
P8.3.D-c Custom By MARP type: MSM (transgender)	2,360	479	2,006			2,485	105.3%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	21,800	1,559	7,181			8,740	40.1%	

P8.3.D-o Number of Men	38,730	3,430	13,752			17,182	44.4%	
P8.3.D-p Number of Women	3,832	977	2,408			3,385	88.3%	
LAB_CAP: Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	11	10	0			10	90.9%	
CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	350	166	289	0	0	455	130.0%	
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	350	79	196			275	78.6%	
CE.577-b Testing and Counseling		7	25			32		
CE.577-c Adult care and support		0	0			0		
CE.577-d Prevención y atención combinada		0	0			0		
CE.577-e Other (Stigma and discrimination)		80	68			148		
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (individual)	1,638	106	664	0	0	770	47.0%	
CE-575-a Number of Men	934	71	427			498	53.3%	

CE-575-b Number of Women	704	35	237			272	38.6%	
CE-575-c Number reached in a clinic		25	315			340		
CE-575-d Number reached in a facility		12	99			111		
CE-575-e Number reached in a community		12	34			46		
CE-575-f Number reached in a home		57	216			273		
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (contact)	3,276	221	1,326	0	0	1,547	47.2%	
CE-575-a Number of Men	1,868	146	845			991	53.1%	
CE-575-b Number of Women	1,408	75	481			556	39.5%	
CE-575-c Number reached in a clinic		49	594			643		
CE-575-d Number reached in a facility		23	217			240		
CE-575-e Number reached in a community		25	73			98		
CE-575-f Number reached in a home		124	442			566		
CARE_CURR_DSD Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	1,820	100	642	0	0	742	40.8%	
By Sex: Male	1,090	64	409			473	0	

By Sex: Female	730	36	233			269	0	
CARE_CURR_NEW: DSD Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load.	300	7	35	0	0	42	14.0%	
By Sex: Male	195	5	28			33	16.9%	
By Sex: Female	105	2	7			9	8.6%	

Table 4. Contract indicators. FY2016

Indicator FY 16	FY16								
	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
Result 1									
11 NGO with institutional development plans and implement annually	11	11				11	100.0%		Las ONG son: CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHE, ODETRNAS, CEPRESI, GAO, ASONVIHSIDA, ANICP VIDA.
A network of NGOs working on the issue of HIV / AIDS has begun in the first year of the program and from the second year design, implement and evaluate plans until completion of the program	1	0	1			1	100.0%		En Q2 FY16 se ha progrmaado actividades para intercambio de experiencia
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	33	13	4			17	51.5%		IXCHEN (2) ADESENI (3), FSL (1), ODETRANS (2), CEPS (1), MDS RACCS (2), GAO (1), CEGODEM (1), CEPRESI (1), ASONVIHSIDA (2), ANICP VIDA (1)
Result 2									
At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	42,562	4,407	16,160			20,567	48.3%		
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	7,868	772	2,909			3,681	46.8%		

11 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	11	8	3			11	100.0%		Las ONG son: CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHEN, ODETRANS, GAO, CEPRESI, ANICPVIDA y ASONVISODA actualmente con subvención
Result 3									
11 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	11	8	3			11	100.0%		Las ONG son: CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHEN, ODETRANS, GAO, CEPRESI, ANICPVIDA y ASONVISODA actualmente con subvención
Result 4									
11 NGO have received technical assistance for HIV related policies development.	11	8				8	72.7%		Las ONG CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHE, ODETRNAS, GAO, actualmente con subvención implementan intervenciones enfocadas a reducir el S&D
11 NGOs participating in local and national coordination mechanisms of the national response.	11	11				11	100.0%		CEGODEM, FSL, MDS.RACCS, CEPS, ADESENI, IXCHE, ODETRNAS, CEPRESI, GAO, ASONVIHSDA, ANICPVIDA
3 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	3	0				0	0.0%		Protocolos en proceso de aprobación
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1				1	100.0%		

